DMV-349 (Rev. 4/96)

☐ No. of Units Involved

☐ Supplemental Report

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

Date (MONTH DAY YEAR)	Day of Week	County	Time (24 Hour Clock)	Local Use / Patrol Area	Date Received by DMV

LOCATION

Collision occurred ☐ In ☐ Near _____ (Municipality) or ___ . ___ ___ Miles ☐N ☐S ☐E ☐W outside municipality

on _____ (Highway Number, or Highway, Street. (If ramp or service road, indicate on line)) (R.R.Crossing # _____) ___ . ___ ___ Miles _____ (0 ft.-Intersection) ft. ☐N ☐S ☐E ☐W

at or from _____ (Use Highway Number, Street Name or Adjacent County or State Line) ☐N ☐S ☐E ☐W toward _____ (Use Highway Number, Street Name or Adjacent County or State Line)

☐ VEHICLE 1 ☐ HIT & RUN

Driver 1 _____ (First Middle Last)

Address _____

City _____ State _____ Zip _____

Same Address on Driver's License? ☐ Yes ☐ No

Driver's Phone No. W( ) _____ H( ) _____

D.L.# _____ State _____ DOB _____ (month/day/year)

Vision 1. Obstruction _____ Physical 2. Condition _____ 3. Intoxication _____ Restrictions _____

Owner _____

Address _____

City _____ State _____ Zip _____

VIN _____

Plate # _____ State _____ Year _____

Veh. Year _____ Veh. Make _____ Veh. Type Code _____

Commercial Vehicle ☐ Yes ☐ No — Trailer Type Code _____

Air Bag Deployed ☐ Yes ☐ No — 1st Trailer No. of Axles _____

Passenger ☐ Yes ☐ No — Width _____ inches

Vehicle Drivable ☐ Yes ☐ No — Length _____ feet

Post Crash Fire ☐ Yes ☐ No — 2nd Trailer No. of Axles _____

Rollover ☐ Yes ☐ No — Width _____ inches

Hazardous Cargo ☐ Yes ☐ No — Length _____ feet

Spilled ☐ Yes ☐ No — TAD _____

Crossed Median ☐ Yes ☐ No — Est. Damage $ _____

Insurance Company _____

Policy # _____

☐ VEHICLE 2 ☐ PEDESTRIAN ☐ HIT & RUN ☐ OTHER

Driver 2 _____ (First Middle Last)

Address _____

City _____ State _____ Zip _____

Same Address on Driver's License? ☐ Yes ☐ No

Driver's Phone No. W( ) _____ H( ) _____

D.L.# _____ State _____ DOB _____ (month/day/year)

Vision 1. Obstruction _____ Physical 2. Condition _____ 3. Intoxication _____ Restrictions _____

Owner _____

Address _____

City _____ State _____ Zip _____

VIN _____

Plate # _____ State _____ Year _____

Veh. Year _____ Veh. Make _____ Veh. Type Code _____

Commercial Vehicle ☐ Yes ☐ No — Trailer Type Code _____

Air Bag Deployed ☐ Yes ☐ No — 1st Trailer No. of Axles _____

Passenger ☐ Yes ☐ No — Width _____ inches

Vehicle Drivable ☐ Yes ☐ No — Length _____ feet

Post Crash Fire ☐ Yes ☐ No — 2nd Trailer No. of Axles _____

Rollover ☐ Yes ☐ No — Width _____ inches

Hazardous Cargo ☐ Yes ☐ No — Length _____ feet

Spilled ☐ Yes ☐ No — TAD _____

Crossed Median ☐ Yes ☐ No — Est. Damage $ _____

Insurance Company _____

Policy # _____

Other Property Damaged _____

Estimated Damage $ _____

Owner Name _____

Address _____

OCCUPANT SECTION INSTRUCTIONS: Give Injury Class, Belt/Helmet Usage, Race/Sex and Age of **all occupants** in the space corresponding to the seat occupied (see codes at top). Names and addresses are necessary for **all occupants.**

Seat	4. Inj. Class	5. Belt /Hel.	Race /Sex	Age	Names and Addresses First Name Last Name	Seat	4. Inj. Class	5. Belt /Hel.	Race /Sex	Age	Names and Addresses First Name Last Name
Left Front					DRIVER 1	Left Front					DRIVER 2, PEDESTRIAN, OTHER
Center Front						Center Front					
Right Front						Right Front					
Left Rear						Left Rear					
Center Rear						Center Rear					
Right Rear						Right Rear					

Total Number Occupants _____ Total Number Injured _____ Total Number Occupants _____ Total Number Injured _____

Ambulance Requested ☐ Yes ☐ No If yes, Ambulance Arrived At ___ ___ ___ ___ (24 Hour Clock)

Injured Taken To _____ (Treatment Facility and City or Town)

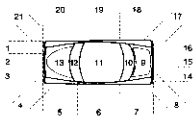
Serviced by _____ NAME OF EMS

N.C. COLLISION REPORT FORM — Send To: N. C. Division of Motor Vehicles Raleigh, N. C. 27697-0001

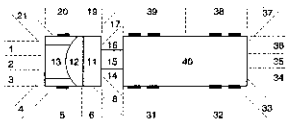
< ADDED BY _____ (Initial)

MARKS >

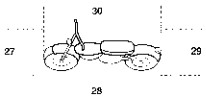
POINTS OF INITIAL CONTACT (Write In Codes)	
VEH. 1	VEH. 2



Passenger Cars/Small Trucks



Tractor-Trailers



Motorcycle, Bicycle or Moped

ACCIDENT SEQUENCE	Veh. 1	Veh. 2 or Ped.
6. Veh. Maneuver/Ped. Action		
7. First Harmful Event		
7. Most Harmful Event		
8. Object Struck		
9. Distance to Object Struck		
10. Vehicle Defects		

0. No Contact 25. Rollover
UNDERNEATH: 22. Front 23. Center 24. Rear 26. Unknown

	Veh. 1	Veh. 2 or Ped.
Speed Limit (for each vehicle)		
Estimated Original Traveling Speed		
Estimated Speed at Impact		
Tire Impressions Before Impact (ft.)		
Distance Traveled After Impact (ft.)		

ROADWAY INFORMATION (See Front)			
11. Locality		19. Road Defects	
12. Development Type		20. Road Condition	
13. Road Feature		21. Light Condition	
14. Road Character		22. Weather	
15. Road Class		23. Traffic Control	
16. Number of Lanes		Operating ❑ Yes ❑ No	
17. Road Configuration		Visible ❑ Yes ❑ No	
18. Road Surface			

INDICATE NORTH

Vehicle 1 was Traveling ❑ N ❑ S ❑ E ❑ W on

Vehicle 2 was Traveling ❑ N ❑ S ❑ E ❑ W on

DESCRIBE WHAT HAPPENED:

CIRCUMSTANCES CONTRIBUTING TO THE COLLISION (Check as many as apply)

DRIVER 1	DRIVER 2		DRIVER 1	DRIVER 2		DRIVER 1	DRIVER 2	
❑	❑	1. None	❑	❑	10. Pass stopped school bus	❑	❑	19. Safe movement violation
❑	❑	2. Alcohol use	❑	❑	11. Passing on hill	❑	❑	20. Following too closely
❑	❑	3. Drug use	❑	❑	12. Passing on curve	❑	❑	21. Improper backing
❑	❑	4. Yield	❑	❑	13. Other improper passing	❑	❑	22. Improper parking
❑	❑	5. Stop sign	❑	❑	14. Improper lane change	❑	❑	23. Unable to determine
❑	❑	6. Traffic signal	❑	❑	15. Use of improper lane	❑	❑	24. Left of center
❑	❑	7. Exceeding speed limit	❑	❑	16. Improper turn	❑	❑	25. Right turn on red
❑	❑	8. Exceeding safe speed	❑	❑	17. Improper or no signal	❑	❑	26. Other _____
❑	❑	9. Failure to reduce speed	❑	❑	18. Improper vehicle equipment			

Veh. 1 removed to _____
by _____ Authority _____
Veh. 2 removed to _____
by _____ Authority _____

RESERVED FOR DMV USE

	Driver 1	Driver 2
24. Direction		
25. Violation		
26. Misc. Action		
27. Charges		

28. Investigating Agency

WIT-NESSES: Name _____ Address _____ Phone No.( ) _____
Name _____ Address _____ Phone No.( ) _____

ARRESTS: Name _____ Charge(s) _____
Name _____ Charge(s) _____

Sign Here _____
Officer's Rank and Name | Number | Department | Date of Report

DMV-349C (1/93)

NORTH CAROLINA SUPPLEMENTAL COMMERCIAL TRUCK & BUS ACCIDENT REPORT

WHEN TO USE THIS FORM: Answers to questions below determine use.
Did this accident involve—

1. a truck with at least 2 axles and 6 tires or haz mat placard? ❑ Yes ❑ No
2. a bus with seats for more than 15 people, including driver? ❑ Yes ❑ No

STOP — If response to both questions is "No," do not fill out form.
If response is "Yes" to 1 or 2, proceed to question 3.

Did this accident result in—

3. person(s) fatally injured? ❑ Yes ❑ No
4. injured person(s) taken away for medical attention? ❑ Yes ❑ No
5. vehicle(s) towed from scene? ❑ Yes ❑ No

STOP - If response to 3, 4, and 5 is "No," do not complete this form.
If response is "Yes" to 3, 4, or 5, please complete this form.

ACCIDENT INFORMATION

A. Report/Accident Number (STATE USE ONLY – DO NOT WRITE IN THIS SPACE.)

DMV REPORT # _____

B-1. Carrier's Identification Numbers License Tag # _____

US DOT ___ ___ ___ ___ ___ ___ ___ ICC MC ___ ___ ___ ___ ___ ___ ___

State ___ ___ State Number _____

VIN _____

B-2. Carrier's Name and Address

Source
(1) ❑ Vehicle Side
(2) ❑ Shipping Papers
(3) ❑ Driver

C. Date of Accident Month Day Year

D. Time (24 hour clock) _____ : _____ hours minutes

E. 1. Accident Location: Number/Name of Highway/Street

E. 2. Township/City

E. 3. County

F. 1. Truck or Bus Driver's Name Last First Middle Initial

F. 2. Driver's License Number

F. 3. State ___ ___

D.O.B. ___ ___ ___

G. Number of Fatalities as Result of Accident

H. Number of Injuries as Result of Accident

I. Was any vehicle towed as Result of Damage
(1) ❑ Yes (2) ❑ No

NOTE: Adoption of this form or all data elements on this form meets all Office of Motor Carrier, Federal Highway Administration requirements for SAFETYNET, and the seven motor carrier specific data elements recommended by the National Governors' Association.

VEHICLE INFORMATION

J. Gross Vehicle Weight Rating _____ lbs.

K. Number of Vehicles Involved _____

L. Axles on Vehicle (including trailers) _____

M. HAZARDOUS MATERIALS INVOLVEMENT

M-1. Did vehicle have Haz Mat placard?
(1) ❑ Yes (2) ❑ No

M-2. From placard indicate:
4-digit placard number or name from diamond or box: ___ ___ ___ ___
1-digit number from bottom of diamond: ___

M-3. Was HAZARDOUS CARGO from vehicle released? (Do not count fuel from fuel tank.)
(1) ❑ Yes (2) ❑ No

N. Vehicle Configuration (check one)
(1) ❑ Bus (seats more than 15, including driver
(2) ❑ Single-Unit truck 2axles, 6 tires
(3) ❑ Single-unit truck: 3 or more axles
(4) ❑ Truck/trailer
(5) ❑ Truck tractor (bobtail)
(6) ❑ Tractor/semi-trailer
(7) ❑ Tractor/doubles
(8) ❑ Tractor/triples
(9) ❑ Heavy truck, cannot classify

* Circle appropriate diagram on reverse.

O. Cargo Body Type (check one)
(1) ❑ Bus seats more than 15 including driver
(2) ❑ Van/enclosed box
(3) ❑ Cargo tank
(4) ❑ Flatbed
(5) ❑ Dump
(6) ❑ Concrete mixer
(7) ❑ Auto transporter
(8) ❑ Garbage/refuse
(9) ❑ Other (i.e., multiple body types)

P. Sequence Of Events (for this vehicle)
1 2 3 4 Ran off road
1 2 3 4 Jackknife
1 2 3 4 Overturn (rollover)
1 2 3 4 Downhill runaway
1 2 3 4 Cargo loss or shift
1 2 3 4 Explosion or fire
1 2 3 4 Separation of units
1 2 3 4 Collision involving pedestrian
1 2 3 4 Collision involving motor vehicle in transport
1 2 3 4 Collision involving parked motor vehicle
1 2 3 4 Collision involving train
1 2 3 4 Collision involving pedalcycle
1 2 3 4 Collision involving animal
1 2 3 4 Collision involving fixed object
1 2 3 4 Collision involving other object
1 2 3 4 Other

Q. Trafficway (check one)
(1) ❑ Not physically Divided (2-way trafficway)
(2) ❑ Divided Highway, Median Strip, Without Traffic Barrier
(3) ❑ Divided Highway, Median Strip, With Traffic Barrier
(4) ❑ One-Way Trafficway

R. Access Control (check one)
(1) ❑ No Control (unlimited access)
(2) ❑ Full Control (only ramp entry and exit)
(3) ❑ Other

S. Weather Condition (check one)
(1) ❑ No Adverse Condition
(2) ❑ Rain
(3) ❑ Sleet, Hail
(4) ❑ Snow
(5) ❑ Fog
(6) ❑ Blowing Sand, Soil, Dirt, or Snow
(7) ❑ Severe Crosswinds
(8) ❑ Other
(9) ❑ Unknown

T. Road Surface Condition (check one)
(1) ❑ Dry
(2) ❑ Wet
(3) ❑ Snow or Slush
(4) ❑ Ice
(5) ❑ Sand, Mud, Dirt, or Oil
(6) ❑ Blowing Sand, Soil, Dirt, or Snow
(7) ❑ Other
(8) ❑ Unknown

U. Light Condition (check one)
(1) ❑ Daylight
(2) ❑ Dark - Not Lighted
(3) ❑ Dark - Lighted
(4) ❑ Dawn
(5) ❑ Dusk
(6) ❑ Unknown

V. Apparent Driver Condition (check one)
(1) ❑ Appeared Normal
(2) ❑ Had Been Drinking
(3) ❑ Illegal Drug Use
(4) ❑ Sick
(5) ❑ Fatigue
(6) ❑ Asleep
(7) ❑ Medication
(8) ❑ Unknown

REPORTING AGENCY:

Sign Here _____
OFFICER'S NAME/RANK NUMBER DEPT. DATE OF REPORT

CIRCLE APPROPRIATE VEHICLE

Vehicle Type # 1
BUS
Seats for more than 15 passengers, including driver

Vehicle Type # 2
SINGLE UNIT
2-AXLE
6-TIRE TRUCK

Vehicle Type # 3
SINGLE-UNIT
3 OR MORE AXLES TRUCK

Vehicle Type # 4
TRUCK/TRAILER

Vehicle Type # 5
TRUCK TRACTOR (i.e. bobtail)

Vehicle Type # 6
TRACTOR/SEMI-TRAILER

Vehicle Type # 7
TRACTOR/DOUBLES

Vehicle Type # 8
TRACTOR/TRIPLES